

EVENT: Office of Youth Ministry, Franciscan University Summer Youth Conference Trip, to Steubenville, OH, July 9-11, 2010



**Roman Catholic Diocese of Syracuse, NY
YOUTH PARTICIPANT FORM AND LIABILITY WAIVER**

Name of Participant _____ Date of Birth _____

T-Shirt Size _____ Gender: (Male or Female) Parish/Group _____

Name of Parent or Guardian _____

Home Address _____

City _____ State _____ ZipCode _____

Home Telephone _____ Cell Phone _____

I, _____ grant permission for my child _____

(name of parent or guardian)

(name of child)

to participate in the **Office of Youth Ministry, Franciscan University Summer Youth Conference Trip, to Steubenville, OH, July 9-11, 2010**

Medical Matters:

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to **Diocesan personnel, Franciscan University Summer Youth Conference Trip**, and the chaperones of (Parish) _____ In (City/Town) _____ to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the about number(s), contact:

Name _____ Telephone _____

Relationship _____

Family Doctor _____ Telephone _____

Family Health Plan Carrier _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc)

Immunizations: date of last tetanus/diphtheria immunization

Medications child currently takes _____

Any Physical limitations? _____

I agree that my child shall abide by all rules and regulations as outlined by the **personnel of the Diocese of Syracuse and the “Franciscan University Summer Youth Conference Trip” Staff**, and the parish of _____ In (city/town)_____.

I agree that if my child fails to abide by these rules and regulations that my child can be immediately dismissed from the program and sent home immediately at my expense.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth Ministry, Roman Catholic Diocese of Syracuse, NY. (Participants would not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office of Youth Ministry in writing. Please note the Office of Youth Ministry has no control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

Signature of Parent/Guardian _____ Date _____

As a YOUTH PARTICIPANT from the Diocese of Syracuse and the parish of :

_____ in (city/town) _____

I understand and agree to the rules and regulations governing this event. I also understand and agree that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own or my parent or guardian’s expense. Being found with any alcoholic beverage or drugs is cause for automatic dismissal from the event.

Signature of Youth Participant _____

Date _____